

STATE OF NEW JERSEY
DIVISION OF PENSIONS & BENEFITS — DESIGNATION OF BENEFICIARY

1. ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ JRS ☐ ABP ☐ CPFPPF ☐ _____

2. (Print Your Full Name) _____ (Social Security No.) _____
 (Membership No.) _____ (Retirement No.) _____

3. **GROUP LIFE INSURANCE (If applicable) (Does not apply to retirees of CPFPPF).**

PRIMARY BENEFICIARY(IES)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			
3. _____	_____	_____	_____
ADDRESS _____			

ACTIVE MEMBERS ONLY - METHOD OF PAYMENT (check one): ☐ Lump Sum ☐ Monthly Life Annuity ☐ Monthly Annuity for _____ years

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			
3. _____	_____	_____	_____
ADDRESS _____			

ACTIVE MEMBERS ONLY - METHOD OF PAYMENT (check one): ☐ Lump Sum ☐ Monthly Life Annuity ☐ Monthly Annuity for _____ years

4. **RETURN OF ACCUMULATED DEDUCTIONS - Lump Sum Payment Only (Does not apply to ABP)**

PRIMARY BENEFICIARY(IES)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			
3. _____	_____	_____	_____
ADDRESS _____			

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			
3. _____	_____	_____	_____
ADDRESS _____			

5. LAST CHECK BENEFIT (Retired members - all funds except ABP) and/or MAXIMUM / OPTION 1 BENEFIT (PERS and TPAF only)**PRIMARY BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

ALL MEMBERS MUST COMPLETE AND SIGN BEFORE A NOTARY PUBLIC:

I understand that when I have signed this form and it has been received by the Division of Pensions and Benefits, all prior designations of beneficiary are no longer in force.

Date _____

Signature
of Member _____
(YOUR SIGNATURE MUST BE NOTARIZED)

Mailing
Address _____

THIS DESIGNATION FORM AND ANY ADDITIONAL SHEETS THAT YOU MAY HAVE ATTACHED MUST BE NOTARIZED.

State of _____

County of _____

Sworn and Subscribed before me this

_____ day of _____, _____ .

Signature of
Notary Public _____

My Commission
Expires (Mo/Day/Yr) _____|_____|_____

Affix official seal to the right.